

11/7  
AG

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MM	70891	10/1
O.I.P.E. CLASSIFIER		15	10-00 CO
FORMALITY REVIEW	SK	J1821	11/6/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	12/21/03
2	✓
3	✓
4	✓
5	00
6	00
7	✓
8	00
9	00
10	✓
11	00
12	✓0
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31	00
32	00
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34	00
35	✓✓
36	✓✓
37	✓✓
38	00
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42	00
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Claim	Date
Final	Original
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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